## UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

Pro Se Assistance  Denniver Cromarties District	
Julia tutwiter prison For women et al	CIVIL ACTION  Q: 19-CV-568-ECM-SMI
<u>INFORMATION OF THE</u> For Participation in the Pro S	· · · · · · · · · · · · · · · · · · ·

Please read and complete the information that follows:

I, CONCIPE CONDITION, am the pro se plaintiff in this case and I understand that I can voluntarily participate in the Pro Se Assistance Program subject to approval by the Court or its designee. By submitting this form to the Clerk of Court, I am asking to participate in the program and requesting that someone with the program contact me using the following information:

FULL NAME:	Jennifer Cromartie
ANY OTHER NAMES	
KNOWN BY:	<del></del>
ADDRESS:	6513 Tuscan Ct Montgomery All 36117
PHONE NUMBER(S):	334.364.1362 (cell) 334.567.4369 (work)

OTHER NUMBERS AT WHICH YOU MAY BE REACHED AND TO WHOM THEY BELONG:	334.507.4309 (work
PLACE OF EMPLOYMENT:	Julio tutuville prison
EMPLOYMENT ADDRESS:	100 WONNENT 231 N
HOURS YOU WORK:	Cam-John
CAN YOU BE CONTACTED AT WORK?	
EMAIL ADDRESS (if any):	Hacia cromarlie Oymdil, Com

I understand that my participation in the Pro Se Assistance Program is subject to approval by the Court or its designee, and that such participation, or the program itself, may be terminated at any time in the Court's discretion.

umartie

Signature:

Date:

Return this completed Information sheet to the Clerk of Court at One Church Street, Montgomery, AL 36104, within 14 days from the date of receipt if you wish to be considered for the Pro Se Assistance Program. This Information Sheet will be provided to the Director and Coordinators of the Pro Se Assistance Program.